## CENTRAL FAX CENTER

DEC 1 4 2005 PTO/SB/21 (09-04)

				. Patent and	Tradomark Office:	e through 07/31/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE								
Under the Pa	<u>ipenwork Reduction Act of 1996.</u>	no parsor	Application Number		action of information unless it displays a valid OMB control number.									
TRANSMITTAL			Filing Date											
FORM			First Named Inventor		September 20, 2004 Mahyar KHAVARI									
			Art Unit	3743										
			Examiner Name	Doster G	Doster Greene, Dinnetla Jo									
	t Peges in This Submission 1		Attorney Docket Number		28757.00001									
Total Number o	Total Premiser of Lagua III This Gubrission													
		ENC	LOSURES (Check a	II that app										
Fee Tran	smittal Form		Drawing(e)			Allowance Communication to TC								
<b>/</b> F	ee Attached	Ļ	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences								
Amendm	ent/Reply					al Communication to TC al Notice, Brief, Reply Brief)								
After Final			Petition to Convert to a Provisional Application		Proprietary Information									
	ffidavits/declaration(s)		Power of Attorney, Revocat Change of Correspondence		Statu	Status Letter								
Extension of Time Request						r Enclosure(s) (please identify								
Express Abandonment Request			Request for Refund		Petition for Extension of Time ()									
Information Disclosure Statement			CD, Number of CD(s)											
			Landscape Table on C	D										
Certified Copy of Priority Document(s)  Remarks														
	Missing Parts/													
•	te Application epty to Missing Parts	-												
	nder 37 CFR 1.52 or 1.53	i I	-											
			<u> </u>											
	SIGNAT	URE C	OF APPLICANT, ATTO	DRNEY,	OR AGENT									
Firm Name	Dickinson Wright PLES	أسد												
Signeture	Out a -		la let.											
Printed name	John M. Norm		ar y		· <del></del>									
Date	John M. Naber			I Rea No. 1										
	December 14, 2005			Reg. No.	46,487									
CERTIFICATE OF TRANSMISSION/MAILING														
I hereby certify the	<del></del>	<del>-</del>				nited States Postal Service with								
sufficient postage the date shown be	as first class mail in an enve	ope equi	dressed to: Commissioner for	or Patents,	P.O. Box 1450,	Alexandria, VA 22313-1450 on								
Signature	4/17	)/	00											
Typed or printed name Anita D. Brozell					Date	December 14, 2005								
process) an applicat gathering, properting amount of time you Trademark Office, L	tion. Confidentiality is governed, and submitting the completed require to complete this form a l.S. Department of Commerce, O: Commissioner for Pate	by 35 UIS opplication nd/or sugg P.O. Box nts, P.O.	3.C. 122 and 37 CFR 1,11 and on form to the USPTO. Time was gestions for roducing this builden 1450. Alexandria, VA 22313	I1.14. This call vary dependent, should be 1450. DO NA 22313-145	collection is estimated and ing upon the instant to the Chical Sent to the Chical Sent Sent Sent Sent Sent Sent Sent Sent	which is to file (and by the USPTO to sted to 2 hours to complete, including adMdual case. Any comments on the Information Officer, U.S. Patent and OR COMPLETED FORMS TO THIS								
•	•													

02/18

4 7005 PT07\$B/17 (12-04v2)

Approved for uso through 07/31/2006, OMB 0851-0032 \_U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pannivork Reduct	ion Act of 1995	ातका नाद क्रतामारम ता त	ilred to ro	isnond to a collection	nn of infor	mation imba	a II dianiava a ve	edmun Iminos RMO fills	
	live on 12/08/2					Complete	if Known		)
Facs pursuant to the Consolid				Application Nu	mber	10/711,4	64		100
FEE TR	ANS	A L LIVIC	\L	Filing Date		Septemb	er 20, 2004	•	
Fo	r FY 2	005		First Named In	ventor	Mahyar K	(HAVARI		
Applient deime emel		C 27 OFD 4 05		Examinor Nam	8	Doster G	reene, Dinna	ntia Jo	7
Applicant claims small	<del>'</del>	Art Unit Attorney Docket No.		3743			٦		
TOTAL AMOUNT OF PAY				28757.00001			フ		
METHOD OF PAYMEN	T (check all	that apply)						· · · · · · · · · · · · · · · · · · ·	7
Check Credit	Card I	Money Order	Non	e Other (	please id	entify):			1
Deposit Account						•	nson Wriah	t. PLLC	
For the above-identi							•		` ]
Charge fee(s)					_			for the filing fee	
Charge any e	dditional fee	(a) or underpaymen	its of fee	=		erpayments			
under 37 CFF WARNING: Information on this	R 1.16 and 1.	17						a cmdit card	
information and authorization	on PTO-2038.	p. p	· · · · · ·		IVE DO III		io (Mille Provide	o Croon cas a	_[
FEE CALCULATION		•							]
1. Basic filing, seaf	=								7
	FILING F	FEES mail <b>Entity</b>	SEAR	CH FEES: Small_Entity	EXAN	NATION <u>Small</u>			
Application Type	Fee (\$)		Fee (\$)		Fee		<del></del>	Fees Paid (\$)	•
Utility	300	150	500	250	200	100			
Design	200	100	100	<i>5</i> 0	130	6:	5 _	•	
Plant	200	100	300	150	160	) 8	<b>-</b>	<b>-</b>	
Reissue .	300	150	500	250	600	300	) _	••	
Provisional	200	100	0	0	(	• (	) _	-	
2. EXCESS CLAIM FEE	S					E		Il Entity	1
Each claim over 20 (i	ncluding Re	eissues)					50	<del>ec (\$)</del> - 25	
Each independent cla	im over 3 (i		28)				200	100	
Multiple dependent c		_			• ,		360'	180	
<u>Total Claims</u> 20 - 20 or HP =	Extra Claim	19 <u>Fee (\$)</u>	<u>Fee</u>	<u>Pald (\$)</u>			itiple Depend		
HP = highest number of total indep. Claims	claims paid for Extra Claim	_	= Fee	<u>U</u> Paid (\$)			<u>ėe (\$)</u> 15/2005 MBIH	<u>Feo Paid (\$)</u> <u>IAS _00000</u> 001 11	0711464
3 - 3 or HP =	0	_x _ 0 _ s		0		01	FC:2253		510.00 OP
HP = highost number of indep  3. APPLICATION SIZE I		paid for, it greater that	n 3,						
If the specification and listings under 37 CF	drawings c	xcccd 100 sheets , the application s	of pap ize fec	er (excluding e due is \$250 (\$	elect <del>ron</del> 125 for	ically file small ent	d sequence on tity) for each	or computer additional 50	
sheets or fraction the Total Sheets	ereof. See <u>Extra Shee</u>	35 U.S.C. 41(a)(! ts <u>Number</u>	1)(G) a	nd 37 CFR 1.1 additional 50 o	6(s). or fractio	n thereof	Fée (\$)	Fee Pald (\$)	
4. OTHER FEE(S)		/ 50 =		(round up to a v	vnote Nu	m <del>oer)</del> X			]
Non-English Specific				·				Fees Pald (\$)	
Other (e.g., late filing	surcharge)	Petition for Extens	ion of I	ime (3 months)			·	\$510.00	]
SUBMITTED BY	4	1			<b>A.A.</b>	•	:	المتعمل المراجع	<b>1</b>
ignature		phill		Registration No. 4	6,487		Telephone (20	2) 659-69 <del>5</del> 0	1
ame (Print/Type) cohn M. N	ber						Date Docemb		1
The safe after at the									

This collection of imprimation is required by 37 CFR 1.136. The information is required to obtain or retain e benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, properting, and submitting the completed application form to the USPTO. Timo will vary depending upon the individual case. Any commonts on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22813-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.